



OONAH

ABORIGINAL HEALTH AND COMMUNITY SERVICES ICN: 9155

COMMUNITY FEEDBACK FORM

What do we do well? What could we do better?

We are keen to hear about your experiences with OONAH. The information you provide will enable us to provide quality services. All information remains confidential.

Date: _____

Type of feedback (Please tick)	
Thank you/Compliment <input type="checkbox"/>	Complaint <input type="checkbox"/> Suggestion/Comment <input type="checkbox"/>
Details of feedback (As relevant please include date, time, staff member)	
(Please turn over for more space)	
What action would you like?	
(Please turn over for more space)	
Are you (the person providing feedback) a:	
Client <input type="checkbox"/>	Relative/Carer <input type="checkbox"/> Community member <input type="checkbox"/> Agency <input type="checkbox"/> Staff Member <input type="checkbox"/> Other <input type="checkbox"/>
Your feedback can be anonymous. Providing your name is optional.	
If you would like us to follow up with you regarding your feedback complete the details below.	
Name	
Address	
Phone	
Email	
Is an interpreter needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No Preferred language:

